



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

[www.dmas.virginia.gov](http://www.dmas.virginia.gov)

# MEDICAID MEMO

**TO:** All Children's Mental Health Program Providers Participating in the Virginia Medical Assistance Program

**FROM:** Gregg A. Pane, MD, MPA, Director  
Department of Medical Assistance Services

**MEMO:** Special

**DATE:** 10/25/2010

**SUBJECT:** Changes to the Process for Obtaining Service Authorization for Services Available Under the Children's Mental Health Program – *Effective November 1, 2010* — **This memo replaces the Medicaid Memo of the same name, which was originally dated October 13, 2010.**

**This memorandum provides further clarification regarding service authorization services and replaces the Medicaid Memo of the same name, *Changes to the Process for Obtaining Service Authorization for Services Available Under the Children's Mental Health Program – Effective November 1, 2010* (which was originally dated October 13, 2010). The previous version of this Memorandum has been removed from the Department of Medical Assistance Services (DMAS) Website.**

## Service Authorization

The purpose of service authorization is to validate that the service requested is medically necessary and meets the Department of Medical Assistance Services' (DMAS) criteria for reimbursement. Service authorization does not guarantee payment for the service; payment is contingent at passing all edits contained within the claims payment process, the individual's continued Medicaid eligibility, the provider's continued Medicaid eligibility, and ongoing medical necessity for the service. Service authorization is specific to an individual, a provider, a service code, an established quantity of units, and for specific dates of service.

Effective November 1, 2010, service authorization for all services in the Children's Mental Health Program (CMHP) will be performed by DMAS. This process is currently being performed by KePRO, the DMAS service authorization contractor. The DMAS Office of Behavioral Health (OBH) will be responsible for the service authorization process beginning November 1, 2010. **This change does not apply to providers of Community Mental Health Rehabilitative Services (CMHRS), such as intensive in-home services or therapeutic day treatment.** This change only applies to those providers that provide the following Children's Mental Health Program Services:

Service Type	Procedure Code	Service Description
0970	H2015	Transition Coordination
	H2014	In Home Residential Support Service
	97139	Therapeutic Consultation
	S5165	Environmental Modification
	S5150	Consumer Directed Respite
	T1005	Agency Directed Respite
	S5136	Consumer Directed Companion Services
	S5135	Agency Directed Companion Services
	S5111	Family Caregiver Training

**The CMHP Service Authorization Process Through October 31, 2010**

All requests received at KePRO through October 31, 2010, will be processed by November 30, 2010. Requests received at KePRO on or after November 1, 2010, regardless of the requested dates of service, will be rejected and the Case Manager/Transition Coordinator will be instructed to submit the request to DMAS' OBH unit via fax notification. The service authorization process is currently described in Appendix A of the CMH manual which has been updated to reflect this change in service authorization processing.

Any decisions, including adverse decisions or request for additional information made by KePRO through October 31, 2010 will be handled by KePRO until a final determination has been made on the case.

**The CMHP Service Authorization Process, effective November 1, 2010**

The Transition Coordinator or the Case Manager must obtain confirmation of program enrollment and approval of the Comprehensive Services Plan (CSP/ DMAS 802) from DMAS prior to requesting a service authorization. Services are not authorized retroactively, unless specifically indicated within Chapter IV of the CMHP manual.

All service requests must be submitted through the Transition Coordinator or Case Manager. If services are not requested within ten business (10) days of start of care, approval will begin on the day the request is received by DMAS. Plan revisions are necessary when there has been a change in the amount of an existing service, or a service has been added or terminated from the member's CSP.

**Submitting Requests for Service Authorization**

DMAS will accept service authorization requests via facsimile, or US Mail. The preferred method is through facsimile for a quicker response. DMAS has five (5) business days, excluding state holidays, to process requests from the date the request is received.

The **DMAS 898** is the required form for submitting service requests. The Individual Service Authorization Request (ISAR) and Individual Service Plan (ISP) associated with the CMHP are not required by DMAS, however pertinent information from these forms will be required to process the request. Upon audit of the provider or transition coordination/case management agency, the forms must be present in the record and fully completed. These documents will be compared against the information submitted to DMAS.

***Effective November 1, 2010 all service authorization requests must be sent to:***

Department of Medical Assistance Services  
Office of Behavioral Health  
600 East Broad Street  
Richmond, VA 23219  
Fax (804) 612-0045  
Office (804) 786-1002

All forms for requesting service authorization are located on the DMAS website, [www.dmas.virginia.gov](http://www.dmas.virginia.gov), click on Behavioral Health on the upper right blue tab of the computer screen, click on the last bullet for the Children's Mental Health Program, and scroll to forms.

**VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, check status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the ACS Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 A.M. to 5:00 P.M. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

**“HELPLINE”**

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.